

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	51mrc		09-20-01
<b>C.I.P.E. CLASSIFIER</b>	51mrc	70	09-29-01
<b>FORMALITY REVIEW</b>	TM	1061	11/19/01
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) .. Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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11/19/01